CAMP	AIGN FINANCE R	EPORT	T	ECHWAN -	
STATE OF WISCONSIN		1 30 10			
Is This Report an Amendment: Yes	□ No		1 4 1	19-3 /11 0: ng	
Instructions for completing schedules are on the	back of each schedule	2.	ec	VERNMENT	
Name of Comminee			ACCOUN	TABILITY BOARD	
Street Address	indra Ver	nan			
Street Address 3640 N. 3844 Street City, State and Zip Code	er		O	FFICE USE ONLY	
Mulwanker, W/ 5	3216		GAB ID N	umber:	
Please check if address is different than previously reported REPORT PERIOD	, and complete the Campa	ien Registration S	tatement in		
REPORT PERIOD		Erse witch	ratement iu	-	
January Continuing Pre-Primary				0105243	
☐ July Continuing ☐ Pre-Election	☐ Spring	Fall [☐ Special	Termination Report also complete Schedule 4	
SUMMARY OF RECEIPTS AND					
DISBURSEMENTS	Column A	AND COLUMN TO THE PARTY OF THE		Column B Calendar	
1. RECEIPTS	34 94 9430000 12	55755		Year-To-Date	
1A. Contributions (Including Loans) from Individuals	s /325	00	s	690.00	
1B. Contributions from Committees (Transfers-In)	\$ 650.0	Ö	5 9	250-00	
1C. Other Income and Commercial Loans	\$		<u> </u>		
TOTAL RECEIPTS (Add totals from 1A, 1B and 1C)	\$ 1975.0			040.00	
2. DISBURSEMENTS					
2A. Gross Expenditures	\$ 1647.	76	2	122 18	
2B. Contributions to Committees (Transfers-Out)	\$	9		00,110	
TOTAL DISBURSEMENTS (Add totals from 2A and 2B)	\$ 1647.	76 8	74	(2) CC	
CASH SUMMARY				des / 1	
Cash Balance Beginning of Report	\$ 390.5	58			
Total Receipts	\$ 1975	00			
Subtotal	\$ 2365.	58			
Total Disbursements	s 1647	760			
CASH BALANCE END OF REPORT	s 7/7	82			
INCURRED OBLIGATIONS (Balance at the Close of This Period-3A)	2			*	
LOANS (Balance at the Close of This Period-3B)	\$				
I certify that I have examined this report and to the best of	\$	of it is true corre	at and some		
Type or Print Name of Candidate or Treasurer Signs	trans of Candidate or Treasurer	y	Date:	rete.	
lettery 12 to man Treasurer	Mun		Daytime Phon	12012	
NOTE: The information on this form is required by ss.11.06, 11.2 ss.11.60, 11.61, Wis. Stats.	20, Wis. Stats		- wy sales FIRON	<u> </u>	
AB-2S (Rev. 12/09) Form prescribed by the Government Acre					
0UX-286-8(XI5.	608-266-8005.				
		פטויט	243-105		

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SCHEDULE 1-A

RECEIPTS Contributions (Including Loans) From Individuals

Page \underline{l} of \underline{a}

Complete C	ommittee Name	Lig Loans, From Individuals				
Instructions for completing schedules are on the back of each schedule.						
Date	Full Name, Mailing Address and Zip Code Of Contributor	Occupation, Name and Address of Principal Place of Employment (if year-to-date total exceeds \$100)	Amount of Contribution	Y-T-D Total		
7/1	Paul Schmits 28-16 N. Stowell Are Mulu WI 53212 Check if: [In-Kind [] Loan [] Conduit Conduit GABID#	CEO, PUBLE ACTION 735 N. WATER & MUN. WL 5320	1536 1	920		
7/15	- Angela Vasquez 3348 N. Dousman Mulo w 1 53212 Check If: O In-Kind O Loan Conduit Conduit GABID#		25	50		
7/18	Jacquelne was		35	35		
7121	CARVIN LEE 3421 W. SANT Paul Mew wil 53208 Check if: @In-Kind @Loan@Conduit Conduit GABID#		60	60		
7 4	Kels Gete Formes 1836 N. Hluman Bloc Nulle W1 53208 Check if: [] In-Kind [] Loan [] Conduit Conduit GABID#	A .	50	50		
7/24	FICHARD SAKS 2019 N. HIMBURD BAD WWW WI 53208 Check II. [In-Kind [Close] Conduit CONDUIT GABID#		100	G61		
7/24	Marcelena Cote 4029 N. Legh Street Wulle W 5326 Check if: @In-Kind @Losn & Conduit Conduit GABIDA		25	25		
	1.	EMIZED CONTRIBUTIONS THIS PAGE	, 545.00	595.w		
	TOTAL UNITER	TOTAL ITEMIZED CONTRIBUTIONS AIZED CONTRIBUTIONS \$20 OR LESS				
		TIONS RECEIVED FROM INDIVIDUALS	\$			
		THE PROPERTY OF MONTHUNES				

SCHEDULE 1-A

RECEIPTS Contributions (Including Loans) From Individuals

Page Dof 2

Instructions for completing scheduler are at the hour dear Veenon	•	
Date Full Name, Mailing Address and Zip Code Occupation, Name and Address of Principa Of Contributor Place of Employment (if year-to-date total exceeds \$100)	I Amount of Contribution	Y-T-D Total
7/39 Kebert taker Executive Direction 1/39 Milwarder, w/ 53212 reagar of yours	VBTK 100	100
Robert Cherry	75	75
Check if: [] In-Kind [] Loan[] Conduit Conduit GABID#		
Check if: ☐ In-Kind ☐ Loan☐ Conduit Conduit GABID#		
Check if: 의 In-Kind 의 Loan의 Conduit Conduit GABID#:		
Check if: □In-Kind □ Loan□ Conduit Conduit GABID#		
Check if: ☑ In-Kind □ Loan□ Conduit Conduit GABID#		
SUBTOTAL ITEMIZED CONTRIBUTIONS THIS PAGE TOTAL ITEMIZED CONTRIBUTIONS TOTAL UNITEMIZED CONTRIBUTIONS \$20 OR LESS TOTAL CONTRIBUTIONS RECEIVED FROM INDIVIDUALS	\$ 720.W	175.w

SCHEDULE 1-B

RECEIPTS Contributions from Committees (Transfers-In)

Page ____of ____

Considere Committee Name	
Confirmation Named LASTIANNA (A	101
THURS OF CHORUMA A CA	VECHON

instructions for completing schedules are on the back of each schedule.

Date	Full Name of Committee, Mailing Address and Zip Code	Committee GA		Y-T-D
1	WEAC PAR	ID Number	Contribution	Total
7170	WEAC PAC ROSAL SOOS MADE DO S Check if: In-Kind In Loan			
	MADEMUS (=3745)		500	of 500.
* 	Check if: I In-Kind Loan	409		-y ••••.
11	HIT-CAN NAV C 1 1 2		1	
1123	STET W. Saint Port Aug		(50,00	
	Check if: D In-Kind C Loan		(20.00	(20.00)
			 	
	Check if: 📵 In-Kind 🔁 Loan		1	
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	Check if: [2] In-Kind [2] Loan			
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	process in in-King III Loan			
	SUBTOTAL CONTRIBUTIONS		1~~	1.00
	SUBTOTAL CONTRIBUTIONS (Transfers-	n) THIS PAGE	5 620.00	(020,00)
	YOTAL CONTRIBUTIONS -		1 ~	1
	TOTAL CONTRIBUTIONS (Transfers-In) RECEIVED FROM	COMMITTEES	s In U.W	1010,01

		0.5
SCHEDU	JLE	1-C
		0.00

RÈCEIPTS Other Income and Commercial Loans

Page	of
r auc	O?

Complete Com	omittee Name		
Instructions to	or completing schedules are on the back of each sc	hedule.	
Date	Full Name, Mailing Address and Zip Code of Source of Income	Type of Income	Amount
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-			
2			
40000000			
	₹		
		SUBTOTAL OF ITS WAS A	
		SUBTOTAL OTHER INCOME THIS PAGE	\$
		TOTAL ITEMIZED OTHER INCOME	\$
	9	TOTAL UNITEMIZED OTHER MICOUR AND ADDRESS	
		TOTAL UNITEMIZED OTHER INCOME \$20 OR LESS	\$
		TOTAL OTHER INCOME	\$

DISBURSEMENTS Gross Expenditures

Page ____ of ___

Con plate Committee Name	FL	AssawnoleA	Winn
Instructions for some being		MED KUUNUKA	K CIEV

Date	Full Name, Mailing Address and Zip Code Of Person or Business to Whom Payment is Made	Specific Purpose of Expenditure	Amount
7/17	Wetter Printing Co. 3048 N. 34th Sterr Mew WI 53210	Printing Costs (Chultish signs)	1124.64
	Check if: [] In-Kind Offset		
	Check if:		
	Check if:		
	Check if: C In-Kind Offset		
	Check if: Tan-Kind Offset		
	Check if: In-Kind Offset		
	Check if: In-Kind Offset		
	\$uB	TOTAL ITEMIZED EXPENDITURES THIS PAGE TOTAL ITEMIZED EXPENDITURES	:194.04
	ТОТА	L UNITEMIZED EXPENDITURES \$20 OR LESS TOTAL EXPENDITURES	53.12 5 1647.74

SCHEDULE 2-B

DISBURSEMENTS Contributions To Committees (Transfers-Out)

Page	of
-9	''

Complete Co	mmittee Name			
Instructions	for completing or had also			
Date	for completing schedules are on the back of each schedule Full Name, Mailing Address and Zip Code			
	3 www.dad.ap code	Committee GAB (D Number	Amount	Y-T-D Total
	Check if: 10 In-Kind 10 Loan			
	Check if: 🔟 In-Kind 🗓 Loan			
	Check if: [] In-Kind [] Loan			
				-
	Check if: [2] In-Kind [2] Loan			
	Checkii [4] (n-kind [4] Loan			
	Check if: [In-Kind			
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	Check if: I in-Kind [Loan			ε
	12 mesine (14 coan			
	Check if: In-Kind 🗀 Loan			
	Check if: . In-Kind . Loan			
	SUBTOTAL CONTRIBUTE	ONS (Transfers-Out) THIS PAGE	\$	
	TOTAL CONTRIBUTIONS (Transfe	rs-Out) MADE TO COMMITTEES	\$	

SCHEDULE 3-A

Incurred Obligations Excluding Loans ADDITIONAL DISCLOSURE

Page	of	
·	0'	

Complete	Committee Name				
Instructio	ns for completing schedules are on the back of each se	Chedule.			
Data		Outstanding Obligations Beginning This Period	New Obligations or Additions This Period	Cumulative Paymen This Period	Outstanding Obligations At Close of This
Date / /	Full Name, Mailing Address and Zip Code of Creditor				Period
		Nature of Debt (Purpose)			
Date /	Full Name, Mailing Address and Zip Code of Creditor				
1 1		Nature of Debt (Purpose)			
Date	Full Name, Mailing Address and Zip Code of Creditor		·		
1 1		Nature of Debt (Purpose)			
Date	Full Name, Mailing Address and Zip Code of Creditor	The Control of the Co			· · · · · · · · · · · · · · · · · · ·
1	5 State of Cleaner			*	
		Nature of Debt (Purpose)		· · · · · · · · · · · · · · · · · · ·	<u> </u>
Date /	Full Name, Mailing Address and Zip Code of Creditor				
		Nature of Debt (Purpose)			
Date	Full Name, Mailing Address and Zip Code of Creditor				
		Nature of Debt (Purpose)		· · · · · · · · · · · · · · · · · · ·	<u> </u>
Date	Full Name, Mailing Address and Zip Code of Creditor				1
1	* *,	Nature of Debt (Purpose)			
ate	Full Name, Mailing Address and Zip Code of Creditor				
1		Nature of Debt (Purpose)			
		SUBTOTAL IT	EMIZED OBLIGATIO	NS THIS PAGE 5	
			TOTAL ITEMIZED		
			IZED OBLIGATIONS	-	
			TOTAL INCURRED	OBLIGATIONS \$	

SCHEDULE 3-B

Loans Individual, Committee or Commercial ADDITIONAL DISCLOSURE

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Page	of

t and the completion school dec	The state of the s						
instructions for completing schedules are on	the back of each schedule.						
	Lip Code of Loan Source	0.44		<u></u>			
		Outstanding Obligations		Cumulation	, p		
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		Period	Period	his This Perio	d En	d of This P	
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List All Endorsers or Guarantors (if any)	S POWER STATE						
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Full Name, Mailing Address and Zip Code of Guarantor			# D				
of Guarantor	Occupation						
						 ∤	
	Name and Address of Employer						
	Amount Guara	inteed Outstanding					
Full Name, Mailing Address and Zip Code of Guarantor				20 - 20 - 20		7	
Obarantor	Occupation					i	
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	Name and Add	ress of Employer		<u></u>			
				06 - 46 - War A		7	
	Amount Guaran	nteed Outstanding			22	J	
Full Name, Mailing Address and Zip (7	
Zip (Code of Loan Source	Outstanding	Ţ 				
		Ohliostione		Cumulative	7 00	Astanding	
Date		deginning of This	New Loans This	Payments	/ Ot	ligations	
7 1		Period	Period	This Period	End of	This Perio	
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st All Endorsers or Guarantors (if any)			ł .		İ		
Il Name Mailles And			'	<u> </u>			
ll Name, Mailing Address and Zip Code Guarantor	Occupation						
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	Name and Addres	So at P					
	A Land and Addres	ss of Employer					
	Amount Guarante	ad 51 a i					
Name, Mailing Address and Zip Code	s	eo Outstanding					
Sustantor Adoress and Zip Code	Occupation				ł		
	- Coopadon	2 10 Co. 4 10 Co.					
	Name and Address		<u></u>				
	110 / 100/65	o or employer					
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Full Name, Mailing Address and Zip Cod	e of Loan Source	·			1		
Name, Mailing Address and Zip Cod		Outstanding Obligations	· · · · · · · · · · · · · · · · · · ·	Cumulative			
Date	* 1	Obligations Beginning of This	Mens	Payments	Outsta	nding	
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Il Endorsers or Guarantors (if any)		1	ĵ			0 0 0	
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antor Strates and Zip Code	Occupation				1		
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